24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Working America Coalition				
	C C00620583			
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Mosaic	M M / D D / Y Y Y Y			
Mailing Address 4801 Viewpoint Place	10 06 2016 Amount			
City State Zip Code	120.00			
Cheverly MD 20781	Transaction ID : D601309 Date of Disbursement or Obligation			
Purpose of Expenditure Fliers Category/ Type 004	10 06 / Y Y Y Y Y			
Name of Federal Candidate Support C	Office Sought: House District:			
TRUMP, DONALD, J., ,	🗶 President Senate State:			
Calcillati Total To Bato	Disbursement For: Primary General 2016			
Full Name of Payee	Other (specify)			
Mosaic	Date of Public Distribution/Dissemination 10 06 2016			
Mailing Address 4801 Viewpoint Place	15 15 2515			
· ·	Amount			
City State Zip Code	120.00			
Cheverly MD 20781	Transaction ID : D601313			
Purpose of Expenditure Category/	Date of Disbursement or Obligation			
Fliers Category 004	10 06 2016			
Name of Federal Candidate	Office Sought: House District:			
Rodham Clinton, Hillary, , ,	➤ President Senate State:			
Calendar Year-To-Date	Disbursement For: Primary X General			
	2016 Other (specify) ▶			
(a) CURTOTAL of Itagrical Independent Funcionality and				
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
King, Crystal, , , [Electronically Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature [Electronically Filea] Date	.0 17 2010			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	itt Ext Ello	ITORES		PAGE 2 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Working America Coalition			С	C00620583
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Mosaic			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		225.00
Cheverly	MD	20781		on ID: D601543 sbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		x Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	224460.90	Disbursement For 2016 Other	: Primary ✗ General
Full Name of Payee			Date of Pu	ıblic Distribution/Dissemination
Mosaic			10	08 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		60.00
Cheverly	MD	20781		n ID : D601545 sbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10 ^M	08 / Y Y Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	X President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		224460.90	Disbursement For 2016 Other	r: Primary ✗ General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	tures		. •	285.00
(b) SUBTOTAL of Uniternized Independent Exper	ndituras			
(b) SOBTOTAL OF Officernized independent Exper	iditules		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized			
King, Crystal, , , Signature	[Electron	nically Filed] Date	10 / 17	
Olynatul e				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IVI EXI END	HONES		PAGE 3 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Working America Coalition			С	C00620583
Check if 24-hour report X 48-hour report	X New rep	oort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Mosaic			10 10	08 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code	— I	225.00
Cheverly	MD	20781		ID: D601546 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	08 2016
Name of Federal Candidate		Support	Office Sought:	House District:
TRUMP, DONALD, J., ,		X Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	224460.90	Disbursement For: 2016 Other (s	Primary x General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Mosaic			10	10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		2700.00
Cheverly	MD	20781	Transaction I Date of Disb	D: D601783 oursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	10 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	224460.90	Disbursement For: 2016 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		·	2925.00
(b) SUBTOTAL of Unitemized Independent Expen-	ditures			
(c) TOTAL Independent Expenditures			>	Agr. Agr.
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
King, Crystal, , ,	[Electron	nically Filed] Date	10 / 17	2016
olynature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vorking America Coalition	C C00620583
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mosaic	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4801 Viewpoint Place	Amount
	City State Zip Code	2700.00
	Cheverly MD 20781	Transaction ID : D601786 Date of Disbursement or Obligation
	Purpose of Expenditure Fliers Category/ Type 004	10 10 2016
	Name of Federal Candidate Support Office	e Sought: House District:
	TRUMP DONALD I	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 224460.90 2016	
		Other (specify)
	Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
	Mailing Address 4801 Viewpoint Place	10 11 2016 Amount
	City State Zip Code	60.00
	Cheverly MD 20781	Transaction ID : D602032 Date of Disbursement or Obligation
	Purpose of Expenditure Fliers Category/ Type 004	M 10
	Name of Federal Candidate Support Office	e Sought: House District:
	D 11 O1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Disbute 224460.90	ursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	2760.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(17) (1) 17:1 17	0 17 2016
	Signature	

PAGE 4

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sc	hedule E)	.51101120		PAGE 5 OF 7 FOR SE OF FORM 24/48
IAV	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER ▼
W	orking America Coalition		C	C00620583
Che	eck if 24-hour report X 48-hour report X New r	report Amends rep	oort filed on	/ D = D / Y = Y = Y
T	Full Name of Payee Mack-Sumner Communications, LLC.		М = М	lic Distribution/Dissemination
ŀ	Mailing Address 2001 N. Beauregard Street		Amount	12 2016
ŀ	Suite 420	75. 0.4.		4700.00
	City State Alexandria VA	Zip Code 22311		1723.33 ID: D602017 oursement or Obligation
	Purpose of Expenditure Printing - Canvassing Literature	Category/ Type 004		12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate	x Support	Office Sought:	House District:
	Rodham Clinton, Hillary, , ,	Oppose	resident	Senate State:
	Calendar Year-To-Date Per Election for Office Sought	224460.90	Disbursement For: 2016 Other (s	Primary X General specify) ▶
ľ	Full Name of Payee Mosaic		Date of Pub	olic Distribution/Dissemination
	Mailing Address 4801 Viewpoint Place		10 Amount	14 2016
			Amount	
	City State Cheverly MD	Zip Code 20781		720.00 ID: D602473 bursement or Obligation
ľ	Purpose of Expenditure Fliers	Category/ Type 004		14 2016
ŀ	Name of Federal Candidate	✗ Support	Office Sought:	House District:
	Rodham Clinton, Hillary, , ,	Oppose	x President	Senate State:
	Calendar Year-To-Date Per Election for Office Sought	224460.90	Disbursement For: 2016 Other (s	Primary General Specify) ▶
_			,	
(a) SUBTOTAL of Itemized Independent Expenditures		>	2443.33
(b) SUBTOTAL of Unitemized Independent Expenditures		··· >	
(c) TOTAL Independent Expenditures		··· •	
٧	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
		ronically Filed] Dat	te 10 / 17	2016
	Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends	report filed on/
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 15 / Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	90.00
Cheverly MD 20781	Transaction ID : D602867 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type	004 10 15 7 2016
Name of Federal Candidate Suppo	ort Office Sought: House District:
Rodham Clinton, Hillary, , ,	
Calendar Year-To-Date Per Election for Office Sought 224460.90	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Print Logistics	10 15 2016
Mailing Address 1700 L Street	Amount
City State Zip Code	31965.86
Sacramento CA 95814	Transaction ID : D602868 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type	004
Name of Federal Candidate Suppo	ort Office Sought: House District:
TRUMP, DONALD, J., ,	Se President Senate State:
Calendar Year-To-Date Per Election for Office Sought 224460.90	Disbursement For: Primary General 2016
(a) SUBTOTAL of Itemized Independent Expenditures	32055.86
(b) SUBTOTAL of Unitemized Independent Expenditures	······ >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or ag party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed]	Date 10 17 2016
Signature	

PAGE

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 7 OF 7 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Working America Coalition	C C00620583		
Check if 24-hour report 48-hour report New report Amends rep	port filed on M M / D = D / Y = Y = Y		
Full Name of Payee	Date of Public Distribution/Dissemination		
Mosaic	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 4801 Viewpoint Place	Amount		
City State Zip Code	30.00		
Cheverly MD 20781	Transaction ID : D602869 Date of Disbursement or Obligation		
Purpose of Expenditure Fliers Category/ Type 004	4 10 / D D / Y Y Y Y 2016		
Name of Federal Candidate Support	Office Sought: House District:		
TRUMP, DONALD, J., ,	resident Senate State:		
Calendar Year-To-Date Per Election for Office Sought 224460.90	Disbursement For: Primary 2016 Primary General Control Other (specify) ✓		
Full Name of Payee	Date of Public Distribution/Dissemination		
Mailing Address	Amount		
	Allount		
City State Zip Code			
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation		
Name of Federal Candidate Support	Office Sought: House District:		
Oppose	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶		
	Carlot (openity)		
(a) SUBTOTAL of Itemized Independent Expenditures	30.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	40739.19		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
King, Crystal, , , [Electronically Filed] Da	te 10 / 17 / 2016		
Signature			